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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Dep	artment of	the Treasury			it trust or priva		•				Open to Pu		
Inte	mal Reven	ue Service	► The organization ma		a copy of this	return to satis	sfy state re	porting	require	ements	Inspectio	n	
<u>A</u> _	For the		ndar year, or tax year beg	_	July 1	, 2011,	and endir	ng	June		, 20 12		
В	Check if	applicable	C Name of organization Kual	li Foundation,	Inc.					D Employe	er identification num	ber	
닏	Address	change	Doing Business As				1				20 5118023		
닏	Name ch	ange	•	oox if mail is not	f mail is not delivered to street address) Room/suite						E Telephone number		
님	Initial reti		2709 E. 10th Street	135	<u> </u>		1				812-345-3948		
님	Terminated City or town, state or country, and ZIP + 4												
님	Amended	•	Bloomington, IN 47408						_	G Gross re			
ш	Applicati		F Name and address of princip		nnifer Foutty,	Executive Di	rector				for affiliates? 📙 Yes 🛂	_	
_		,	2709 E. 10th Street, Bloom	-				— Н(б)		affiliates in	icluded? LYes L list (see instructions)		
÷	Website:	npt status	✓ 501(c)(3) □ w.kuali.org	501(c) ()	√ (insert no)	4947(a)(1) or	<u> </u>	⊢.,,					
J_ K	_			Association 🗍	Other ▶	I Vo	ar of forma				number >	131	
_	art I	Summ		Association	Other P	Lite	ar or iorma	uon .	2006	M State	of legal domicile	IN	
	_		scribe the organization's	mission or i	most significa	nt activities	· Sano	26 2 Dr	00000	nt and ac	ordinating body		
	'		source collaboration for s										
Se			ntation of open source so								1		
nar		benefit of									ity for the		
Activities & Governance	2		s box ▶ ☐ if the organiz	ation discon	tinued its one	rations or d	isposed (of more	than	25% of	its net assets		
ၓ			of voting members of the							3	no not accets.	11	
oŏ တွ	i		of independent voting m	-	• •	•	. line 1b)			4		11	
iţie			nber of individuals emplo		•	• •				5		0	
Ę	1		nber of volunteers (estim	-	-		·=			6		0	
⋖	1		elated business revenue		• •					7a		0	
	b	Net unrela	ated business taxable in	come from F	orm 990-T, lir	ne 34				7b			
									nor Yea	ır	Current Year		
a	8	Contribut	ions and grants (Part VII	l, line 1h) .			[875,525	1,12	28,758	
Revenue	9	Program	service revenue (Part VII	I-line 2g) 75	= [] .		[6,	341,887	8,51	10,179	
ě	10	Investme	stment ıncome (Part[VIII, column (A), lines 3, 4, and 7d)								1	11,361	
<u>—</u>	11	Other rev	enue (Part VIII, column (A), lines 5, 6d	1, 8c, 9¢ဣoʻc,	and 11e) .	[0		0	
			nue-add lines 8through				ne 12)		7,	233,605	9,65	50,298	
	13	Grants ar	nd sımılar amountis paid		0								
	14		oaid to or for members (I		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[0		0	
es			other compensation, emp	-						0		0	
Expenses			nal fundraising fees (Par				· ·]			0		0	
×	1		draising expenses (Part I	•			L						
ш	1		penses (Part IX, column (•				365,698		57,471	
			enses. Add lines 13-17			n (A), line 25	5) .			365,698	11,25	57 <u>,471</u>	
		Revenue	less expenses. Subtract	line 18 from	line 12	· · · ·		<u> </u>		32,093)		<u>7,173)</u>	
Net Assets or Fund Balances		T-1-1	-1- (D-1)(1 40)				<u> </u>	Beginning			End of Year		
Asse Bala	20		ets (Part X, line 16) .				·			959,434		16,437	
E E	21 22		Ilities (Part X, line 26) .				· ·			382,477		51,122	
	art II		s or fund balances. Subure Block	tract line 21 i	rom line 20	<u></u>	· · ·		22,	576,957	17,59	5,315	
				- d 4b									
			y, I declare that I have examine te_Declaration of preparer (oth								y knowledge and bei	leτ, π is	
			A SILLE STORE OF	Allen	<u> </u>					2/4	//2		
Sig	n	Signa	ture of officer						Date	9 / 1/	<u> </u>		
He			1 (Lasmes	J	M chael	Alir	.1						
		Туре	or print name and title		10(4-01		401						
Pa	id.	Print/Typ	pe preparer's name	Prepare	r's signature		Da	ite		Cheek F	T # PTIN		
		<u>.</u>								Check L self-emp			
	epare		ame ▶						Firm's	s EIN ▶			
US		y	ddress ▶						Phon				
Ма	y the IR		this return with the prep	parer shown	above? (see ii	nstructions)	<u> </u>		•	<u></u> .	· · 🗌 Yes 🗌	No	
For	Paperw	ork Reduc	tion Act Notice, see the s	eparate instr	uctions.		Cat N	o 11282	Υ		Form 990	(2011)	



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3)

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ▶

10,811,328

Form **990** (2011)

art	Checklist of Required Schedules		T	т
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 11	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10		✓
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b		14a		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		▼
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		✓
n	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<i>'</i>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			,
38	Part VI	37		1
	10. 110-11. Griff God illigio di o loquilos do dompioto dolledale O	38	n 99 0	(2011)

Form **990** (2011)

Part				
	Check if Schedule O contains a response to any question in this Part V		· ·	
_	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	4.	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	√	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	AL		
_	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		\
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	4.4-		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓
<u> </u>	in res, has it lied a rotti rzo to report these payments rir ino, provide all'explanation in schedule O	140	Ll	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	-							
	Check if Schedule O contains a response to any question in this Part VI			. 7					
Secti	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	1							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
6									
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_							
_	any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct			 					
supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓					
6	Did the organization have members or stockholders?	6	1						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_	,	1					
	one or more members of the governing body?	7a	V	 					
b	stockholders, or persons other than the governing body?	7b	✓						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		 					
_	the year by the following:								
а	The governing body?	8a	1						
b	Each committee with authority to act on behalf of the governing body?	8b	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	✓_					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.) Yes	· ·					
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No ✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva		-					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	<u></u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		1					
12	describe in Schedule O how this was done	12c	V	<u> </u>					
13 14	Did the organization have a written whistleblower policy?	13	1	 					
15	Did the process for determining compensation of the following persons include a review and approval by		-	 ,					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		✓					
b	Other officers or key employees of the organization	15b		✓					
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1							
	with a taxable entity during the year?	16a		✓					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure	1.50							
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires an organization for applicable), 990, and 990-T (Section 6104 requires and 990-T (Secti	n 501(c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.								
10	Own website Another's website Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inte	rest p	olicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the							
	Organization: Inchrise Fourty Executive Director 2709 F 10th St. Bloomington IN 47408 812-345-3948 ifourty/								

_	-
Dana	•

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees	, Highest Com	pensated Employees, and
	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any relate	d org	aniz		_	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch		ntion	than c	ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week		_			or/trust	<u> </u>	compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			-	_	_	<u>ē</u>				
(1) Bradley C. Wheeler										
Chair	5	✓	✓	L	<u> </u>	ļ	ļ	0	0	0
(2) Shelton Waggener	,							}		
Vice Chair	2	✓	✓	ldash			L	0	0	0
(3) Molly Tamarkin	ļ		١.							
Secretary	2	✓	✓	_		<u> </u>		0	0	0
(4) J. Michael Allred				ļ					Ĭ I	
Treasurer	5	✓	✓	L	_			0	0	0
(5) Bruce Alexander										
Board Member	2	✓			<u>L</u>	ļ	ļ	0	0	0
(6) Patrick Burns		1								
Board Member	2	✓				L		0	0	0
(7) Chris Coppola							•		į	
Board Member	2	✓						0	0	0
(8) Stephen Dowdy							•			
Board Member	2	1		L	<u> </u>	<u> </u>	<u> </u>	0	0	0
(9) Sara Gomez										
Board Member	2	1		_	<u> </u>		<u> </u>	0	0	0
(10) Joseph LoPiccolo						1				
Board Member	2	1						0	0	0
(11) Randy Ozden										
Board Member	2	1	<u> </u>				L_	0	0	0
(12)								:		
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/008	s, ar	nd H	lighe	st C	ompensated E	mployees (continue	d)		
	•					C)								
	` (A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Average	box, ı	anles	s pe	rson	ıs both	n an	Reportable	Reportat			mated		
	hours per week	<u> </u>			_	or/trus	·	compensation	compensation related			unt of ther		
		(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizati	ons	comp	ensatio	n
		hours for related	ired	톭	ĕ	3	nest oye	뻍	organization (W-2/1099-MISC)	(W-2/1099-N	VISC)		n the nzation	
		organizations	[전문	nal	Ì	ջ	ĕΩ		(related	
		In Schedule O)	uste	trus		8	T T T					organ	izations	3
		",	, a	tee			sate							
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(25)								1			l			
1b	Sub-total	L	L	نــــا	L	l	L	<u> </u>	 					
C	Total from continuation sheets to Part	 VII Soctio	 n A	•	•		•						•	
_				•	•		•							
<u>d</u>	Total (add lines 1b and 1c)				_		- <u> </u>	· · · · ·	<u> </u>		00 000 -			
2	Total number of individuals (including but reportable compensation from the organi		i to tr	ose	i iiSi	.ea	above	3) W	no received m	ore than \$1	00,000 0	ΣĬ		
	reportable compensation from the organi	Zation							 				Yes	No
3	Did the organization list any former of	ficer direc	tor c	ır tr	net	20	kev e	amr	olovee or high	est compe	hatean		165	NO
•	employee on line 1a? If "Yes," complete s							- III			insaled	3		1
4	For any individual listed on line 1a, is the								nd other comm	 Sancation fr	om tha	-		✓_
7	organization and related organizations												1	
	individual							., 			, Jucii	4	1	✓
5	Did any person listed on line 1a receive of	r accrile co	mne	nsat	tion	froi	n anv	 	related organiz	ration or inc	 dividual	-	\dashv	
3	for services rendered to the organization											5	ł	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	romnensat	ed inc	iene	end	ent	contr	acto	ors that receive	ed more tha	n \$100 (200 of		
•	compensation from the organization. Rep	•		-										ı x
	year.	on Compo		,,,,	J. U		۵٥.٠۵	· ,	roan ontaining with		ano orga		,,,,	
	(A)							Г	(B)			(C)		
	Name and business add	ress						ļ	Description of s	ervices	_ c	ompens	ation	
Indian	a University, 400 E. 7th St, Bloomington, IN	47405	····				-	Pre	ogramming, Adı	nin			1.199	,640
	t, Inc., 1375 N. Scottsdale Rd, Suite 480, Sco		8525	7				-	ogramming, Tec),109
	ech, 2020 Camino Del Rio N #700, San Dieg							_	ogramming, vec	очроп),682
	rkeley, 2200 University Ave, Berkeley, CA 94							+	ogramming, Hos	sting	-			1,200
	rsity of Washington, NE Columbia Rd, Seattle		<u> </u>					H	- <u>-</u>					2,990
2	Total number of independent contractor			rt n	ot 1	imit	ed to	th	ose listed ahe	ove) who				-,550
_	received more than \$100,000 of compens								12	,				

Part	VIII	Statement of Revenue	_						
		•	-	·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
स् स	1a	Federated campaigns	. 1	а					
iran Oun	b	Membership dues	_	b	1,128,758		i		
S, Š	С	Fundraising events	. 1	c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	. 1	ld					
S, E	е	Government grants (contribution	s) 1	е					
r Si	f	All other contributions, gifts, gran							
日本日		and similar amounts not included ab	ove 1	lf]		
들임	g	Noncash contributions included in line	\$						
SE	h	Total. Add lines 1a-1f			🕨	1,128,758			
				В	usiness Code		·		
6	2a	Kuali Days Conference		[541511	637,296	637,296		
2	b	Direct Support for Systems		··	541511	7,872,883	7,872,883		
Program Service Revenue	С								
	d								
Ē	е								
E E	f	All other program service rev				·			
됩	g	Total. Add lines 2a-2f			▶	8,510,179			
	3	Investment income (includi							
		and other similar amounts)			L	11,361			11,361
	4	Income from investment of tax-	t bond	proceeds ►					
	5	Royalties			▶				
		(1)	Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	C	Rental income or (loss)							
- 1	d	Net rental income or (loss)			▶				
Ì	7a	arood amount from outdo or	curities		(ii) Other				
		assets other than inventory					İ		
	b	Less: cost or other basis					1		
		and sales expenses .					İ		
	С	Gain or (loss)							
	d	Net gain or (loss)		· <u></u>	▶				
				İ					
enne	8a	Gross income from fundraisi	ng	-					
		events (not including \$		1					
Other Rev		of contributions reported on lir							
횰		See Part IV, line 18							
5	b	Less: direct expenses		b			İ		
		Net income or (loss) from fur			ents . 🕨				
	ya	Gross income from gaming a							
		See Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from ga Gross sales of inventory			es P				· · · · · · · · · · · · · · · · · · ·
	iva		, ies 						
		Less: cost of goods sold . Net income or (loss) from sal			ory				
	С	Miscellaneous Revenue	es oi i		usiness Code				
	11a			-	Juneaa Code		1		
				├					
	b						-		 -
	0	All other revenue					-		
	ď	Total. Add lines 11a-11d .		<u> </u>	•				+
	е 12	Total revenue. See instruction			1	9,650,298	8,510,179		11,361

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX											
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and				· <u>-</u> ··						
	organizations in the United States. See Part IV, line 21										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
a	Management	212,521		212,521							
b	Legal	989		989							
C	Accounting	23,271		23,271							
d e	Lobbying				<u> </u>						
f	Investment management fees										
g	Other	7,944,568	7,800,236	144,332							
12	Advertising and promotion	575	449	126							
13	Office expenses	7,128		7,128							
14	Information technology	94,119	90,771	3,348							
15	Royalties										
16	Occupancy				· · · · · · · · · · · · · · · · · · ·						
17	Travel	262,718	218,050	44,668							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	753,880	753,880								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .										
23	Insurance	8,941		8,941							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			:							
_	Momborchine	17 070	17,078								
a b		17,078 819	17,078	819							
c	Bank Charges Write Offs	1,930,864	1,930,864	013							
d		.,300,004	.,550,554		·						
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	11,257,471	10,811,328	446,143							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										

Р	art X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	133,828	1	51,275
	2	Savings and temporary cash investments	3,441,112	2	5,003,800
	3	Pledges and grants receivable, net		3	
S	4	Accounts receivable, net	17,106,854	4	14,162,527
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,640	9	28,835
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	þ	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	3,250,000	11	0
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,959,434	16	19,246,437
	17	Accounts payable and accrued expenses	868,023	17	1,036,718
	18	Grants payable		18	
	19	Deferred revenue	514,454	19	614,404
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26		1,382,477	25 26	4 654 400
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete	1,382,477	20	1,651,122
Seo		lines 27 through 29, and lines 33 and 34.		_	
<u>ē</u>	27	Unrestricted net assets	867,835		869,284
80	28	Temporarily restricted net assets	21,709,122	28	16,726,031
Net Assets or Fund Balances	29	Permanently restricted net assets	-	29	
Š	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Jet	33	Total net assets or fund balances	22,576,957	33	17,595,315
_	34	Total liabilities and net assets/fund balances	23,959,434	34	19,246,437
					Form 990 (2011)

Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				V
_			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,65	0,298
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,25	7,471
3	Revenue less expenses. Subtract line 2 from line 1	3		(1,607	7,173)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,57	6,957
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(3,374	,469)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		17,59	5,315
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ır	<u> </u>		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓]
b	Were the organization's financial statements audited by an independent accountant?			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ır	ո <u> </u>		
	Schedule O.				
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were	э		}
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	ո	1	
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	•		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts	3b		
			For	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Kuali Foundation, Inc.

Employer identification number

	Pouridation, Inc.									
			rity Status (All orga						nstructio	ns.
The c	•	•	tion because it is: (Fo		_		-	-		
1	A church, conv	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(i).	
2	A school desc	ribed ın section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)					
3	A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	70(b)(1)(A)(iii).		
4	☐ A medical rese	earch organization	on operated in conjunc	ction with	a hospita	al descril	oed in se	ction 170	D(b)(1)(A)(iii). Enter the
	hospital's nam	e, city, and state	e:							
5	☐ An organization	on operated for	the benefit of a collec	ge or uni	versity ov	vned or	operated	by a go	vemment	al unit described in
	section 170(b))(1)(A)(iv). (Com _l	plete Part II.)							
6										
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	described in s	ection 170(b)(1)	(A)(vi). (Complete Par	t II.)						
8	☐ A community t	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	rt II.)				
9	☐ An organizatio	n that normally	receives: (1) more that	an 33¹/₃%	of its su	ipport fro	om contri	butions,	members	hip fees, and gross
			to its exempt functi							
	• •	_	nt income and unrel						n 511 taa	k) from businesses
	•	-	fter June 30, 1975. Se					•		
10	_	_	operated exclusively							
11			nd operated exclusive							
			licly supported organ							
	509(a)(3). Che		describes the type of					ite lines 1		
	a 🗌 Type I	b 🗆		• -	III-Functi	-	_		_	Type III-Other
е			that the organization							
		_	ers and other than one	e or more	publicly	support	ed organ	izations d	lescribed	in section 509(a)(1)
	or section 509			_			_			
f	-		a written determination	on from	the IRS t	hat it is	a Type	I, Type	I, or Typ	
	organization, o									📙
9	•		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	1	
	following person					حافيين سمم		. حانده مداد	 /::\	d Yes No
			ndirectly controls, eithody of the supported of						ın (ıı) ar	·~
	• • • • • • • • • • • • • • • • • • • •		• • • •	-						11g(i)
			on described in (i) abo							11g(li)
h			a person described in ion about the supporte							11g(iii)
		 	T	T		64 Did i	au nahfi	6.0.1	- 45-	Auth Amount of
(1)	Name of supported organization	(ii) EIN	(liii) Type of organization (described on lines 1-9		organization : sted in your		ou notify alzation in		s the ion in col	(vii) Amount of support
	•		above or IRC section	governing	document?		of your oort?		zed in the S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
								 		
(A)										
(B)										
(C)										
						· ·-				
(D)										· - · · - · - · - ·
(E)										
	· · · · · · · · · · · · · · · · · · ·				 	·		†	<u> </u>	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	821,701	2,338,631	5,841,693	7,217,492	7,050,314	23,269,831
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	10,667,479	4,647,989	5,271,924	7,167,833	27,755,225
4	Total. Add lines 1 through 3	821,701	13,006,110	10,489,682	12,489,416	14,218,147	51,025,056
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0
6 Section	Public support. Subtract line 5 from line 4. on B. Total Support	<u> </u>					51,025,056
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	821,701	13,006,110	10,489,682	12,489,416	14,218,147	51.025.056
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,767	9,757	21,394	16,113	11,361	75,392
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	o	0.	0	0
11	Total support. Add lines 7 through 10						51,100,448
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First five years. If the Form 990 is for the		's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						🕨 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6					14	99.85 %
15	Public support percentage from 2010 Sch					15	<u>%</u>
	a 331/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test—2010. If the organic check this box and stop here. The organic						•
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the "fa	ets the "facts-a acts-and-circu	and-circumstai mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies	id stop here. E as a publicly st	xplain in upported
	organization						. ▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-cir- and-circumst-	rcumstances" tances" test. Ti	test, check th he organization	is box and st end stend is a second in the second is a second in the se	publicly
18	Private foundation. If the organization die						
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cooti	on A. Public Support	under the te	sts listed bei	ow, piease co	ompiete Part	11.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen	Gifts, grants, contributions, and membership fees	(a) 2007	(0) 2008	(6) 2009	(u) 2010	(e) 2011	(i) iolai
•	received. (Do not include any "unusual grants.")					1	ļ
2	Gross receipts from admissions, merchandise		 		 	<u> </u>	
	sold or services performed, or facilities			-			
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<u> </u>	 			
	unrelated trade or business under section 513		1	}]	
4	Tax revenues levied for the		1				
•	organization's benefit and either paid						
	to or expended on its behalf		1				
5	The value of services or facilities		 	 			
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			Ì			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ŀ				
b	Amounts included on lines 2 and 3	 					
	received from other than disqualified						
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
Conti	line 6.)		L	l	<u> </u>	<u> </u>	<u></u>
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(a) 2007	(0) 2000	(6) 2009	(u) 2010	(e) 2011	(i) iotai
10a	Gross income from interest, dividends,		 	 			· · · · · · · · · · · · · · · · · · ·
IVA	payments received on securities loans, rents,		ļ		İ		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses]	ļ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	 					
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1		}	
	(Explain in Part IV.)						ļ
13	Total support. (Add lines 9, 10c, 11,				i		
	and 12.)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the	_			· -		` ' ' ' '
Cook	organization, check this box and stop her			· · · · ·	- : : : : : : : : : : : : : : : : : : :	· · · · ·	· · · > 🗖
15	on C. Computation of Public Suppor Public support percentage for 2011 (line 8			2 ookuma (6)		15	
16	Public support percentage from 2010 Sch						<u>%</u> %
	on D. Computation of Investment In				<u> </u>		70
17	Investment income percentage for 2011 (v line 13. colu	mp (fl)	17	%
18	Investment income percentage from 2010			•			
19a	331/3% support tests—2011. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2010. If the organiz		_	•		-	
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	d not check a	hox on line 14	19a or 19b (check this hox	and see instru	ictions 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2011 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 1						
Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See					
	instructions).					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

20 5118023 Kuali Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990. Part X

Page	2
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Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		đ	Loan	or exchang	je prog	rams	
b	☐ Scholarly research		е	☐ Other				
C	☐ Preservation for future generation:							
4	Provide a description of the organiza XIV.	tion's collections	and expla	ain how ti	hey further	the org	janization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maint	ained as _l	part of the	e organizati	ion's co	ellection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements. Co	omplete i	f the org	anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour							
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIV and comp	lete the fo	ollowing to	able:	Γ	T A	mount
С	Beginning balance					10	:	
d	Additions during the year					10	l l	2
е	Distributions during the year					1e		
f	Ending balance					11		•
2a	Did the organization include an amou							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIV.						
Par	V Endowment Funds. Compl	ete if the organi	zation ar	nswered	"Yes" to f	orm 9	90, Part IV, lind	e 10.
		(a) Current year	(b) Pn	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and	İ						
	programs		<u> </u>					
f	Administrative expenses							
g	End of year balance	<u> </u>	<u> </u>					
2	Provide the estimated percentage of			e (line 1g	, column (a	i)) held i	as:	
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment	%						
C	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 3							
3a	Are there endowment funds not in th	e possession of t	the organi	zation tha	at are held	and ad	ministered for ti	,,
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
_	(ii) related organizations							3a(ii)
b 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended use					• •		3b
4 Pari								
Part	Description of property	(a) Cost or		7	or other basis	(2)	Accumulated	(d) Book value
	<u> </u>	(investr			ther)		epreciation	(d) Book value
1a	Land	•						
Ь	Buildings	•						
C	Leasehold improvements	•						·
d	Equipment	.						
Total	Other	·	200 0	V 00':	(D) line 44	2(0) 1		
ı otal.	Add lines 1a through 1e. (Column (d) r	nust equal Form :	ээυ, raπ i	∧, coiumin	ı (¤), IINE 10	/(C)·/	🟲 📗	

Part VII	Investments—Other Securities.	See Form 990, Part X	(, line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	I derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12.)		- 	
Part VIII	Investments—Program Related	. See Form 990. Part	X. line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		. ,		
(7)			···	
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part IX	Other Assets. See Form 990, Pa	rt X. line 15.		
) Description		(b) Book value
(1)				<u></u>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		 		
(10)	ımn (b) must equal Form 990, Part X, co	of (R) line 15.)		
Part X	Other Liabilities. See Form 990,			· · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value		
(1) Federa	l income taxes		\neg	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)			\dashv	
(10) (11)				
	(b) must equal Form 990, Part X, col (B) line 25)			
	ASC 740) Footnote In Part XIV provide	the text of the footnote t	o the organization's financial states	ments that reports the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Page 4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,650,298
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,257,471
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(1,607,173)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	(3,374,469)
9	Total adjustments (net). Add lines 4 through 8	9	0
10		10	(4,981,642)
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	
1	Total revenue, gains, and other support per audited financial statements	1	16,832,920
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants]	
d	Other (Describe in Part XIV.)	1	
е	Add lines 2a through 2d	2e	7,182,592
3	Subtract line 2e from line 1	3	9,650,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	l	
ь	Other (Describe in Part XIV.)	1	
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,650,328
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r R	eturn
1	Total expenses and losses per audited financial statements	1	21,814,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	ļ	
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIV.)	1	
е	Add lines 2a through 2d	2e	10,557,091
3	Subtract line 2e from line 1	3	11,257,471
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV.)	1	
С	Add lines 4a and 4b	1 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,257,471
Part	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art I	V, lines 1b and 2b;
Part V	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete	this part to provide
any a	dditional information.		
The \$	(927,741) on line 2d is the change in fair value.		
On Pa	art XI, line B, under SFAS #116 we record in-kind contributions and this figure is the difference between reve	nue	
and e	xpenses this year for the in-kind contributions.		
		-	
			·

Schedule D (Fo		Page \$
Part XIV	Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20 5118023

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Kuali Foundation, Inc.

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Part VI, #11: The method by which the Board of Directors reviews the 990 is for the Executive Director and the Treasurer to bring the completed form to them for review prior to submission. However, it is the responsibility of the Executive Director and the Treasurer to approve, sign, and submit the form. Part VI, #12c: Each member of the Board of Directors and each Project Manager and other key staff is required annually to complete a Conflict of Interest disclosure form to verify that they have read and understood the by-laws and that they are in compliance. In addition, between these annual disclosures the Board and Executive Director review any changes in the roles of the Board Members and Project Managers to evaluate if a possible conflict exists. If a conflict arises, the person with the conflict is recused from the discussion and decision. Part VI, #19: The organization makes public all agendas and minutes from the Board meetings on its public web site. The audited financials are also posted on the public web site. The by-laws and policies are posted on the public web site. Part X: On the balance sheet, much of our revenue and expenditures are donated services. Therefore, they are reflected in the assets and liabilities on the balance sheet, but are not in the functional revenue and expenses. The reconciliation of this is shown in Part XI on the 990 and on Schedule D, Parts XI, XII, and XIII.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer Identification number
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